CITY OF SHERIDAN – FORM 101-1 APPLICATION FOR PERMIT TO CONSTRUCT

1.	Name	e of Project
2.	Loca	tion of Project1/4,1/4, Sec, T, N, RW
	Gene	ral Physical Address:
3.		this project include:
	A.	Public water supply well?YesNo If yes, list State Engineer permit number(s)
	B.	Potable water supply pumping station?YesNo If yes, what is the design flow? gpm
	C.	Potable water storage facility?YesNo If yes, what is the size? Gallons
	D.	Potable water mains?YesNo (NewReplacement) If yes, what is the additional peak day demand? Gallons per day
	E.	Sanitary sewage pumping station and force main? YesNo (NewReplacement) If yes, what is the design flow? gpm What are the total lineal feet of force main? L.F.
	F.	Sanitary sewage collection lines?YesNo (NewReplacement) If yes, what is the additional average daily volume of wastes? Gallons per day (WDEQ Criteria) What are the total lineal feet? L.F.
	G.	Storm sewer lines?YesNo (NewReplacement) If yes, what is the total lineal feet? L.F.
	H.	Public Streets?YesNo (NewReplacement If yes, how many lineal feet of:
		Arterial Streets Total Lanes
		Collector Streets Total Lanes
		Local Through Streets Total Lanes
		Local Streets Total Lanes

I.	If yes, how man how many cubi Maximum cut Total area distu NPDES Permit	ry cubic yards of cut? c yards of fill? feet; maximum fill rbed AC Yes No a copy of the Notice of Intent (NOI)	
J.	Drainage Report Title of Report Prepared By:	-	
K.	Water System De Title of Report Prepared By:	esign Report Completed?Yes ::	
L.	Sewer System Description Title of Report Prepared By:	Design Report Completed?Ye	
M.	Traffic Impact A Title of Report Prepared By:	nalysis Report Completed?Ye ::	
N.	Geotechnical Report Title of Report Prepared By:		
rules and re pehalf durin o receive ar	gulations. I have g the design and nd release corres	authorized the following engine	d in accordance with local and state ering and testing firm to act upon my ect. They are authorized on my behalf to the City of Sheridan.
City		State	Zip
Business Phon	ie	Home Phone	
		Print Owner Name	
		Signature of Owner	Date

Name of Engineering Firm		
Mailing Address		
City	State	Zip
Business Phone		
Name of Professional Engineer	Engin	eer's P.E. Number
Name of Qualify Control and Testir	ng Firm	
Mailing Address		
City	State	Zip
Business Phone		
	ible for quality control and testing on	he project, write "same" on this line.
Utility Operator of the Project Mailing Address	ible for quality control and testing on s	he project, write "same" on this line. Zip
Utility Operator of the Project Mailing Address City		
Utility Operator of the Project Mailing Address City Business Phone	State Home Phone	Zip
Utility Operator of the Project Mailing Address City Business Phone	State	Zip
Utility Operator of the Project Mailing Address City Business Phone	State Home Phone	Zip
Utility Operator of the Project Mailing Address City Business Phone *If the Engineering Firm is response	State Home Phone	Zip
Utility Operator of the Project Mailing Address City Business Phone *If the Engineering Firm is response	State Home Phone ible for quality control and testing on	Zip